City of Kirkland APPLICATION FOR BUSINESS LICENSE

City of Kirkland Customer Accounts/Licensing 123 5th Avenue Kirkland, WA 98033-6189 Phone 425.587.3140 www.kirklandwa.gov license@kirklandwa.gov Fax 425.587.3110



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Items 1-27 must be completed, or application will not be accepted.

Please print or type.

Application must be signed.

If form is not fully completed, a delay in processing the application will occur.

License Fee:

- Please refer to the Business License Application Fee Worksheet for fee calculations.
- · Return Application. Payment Accepted: Check, Cash, Visa or Mastercard

| FOR OFFICE USE ONLY: |
|----------------------|
| 4313 |
| 4314 |
| 4312 |
| Check # |
| Receipt # |
| - |
| |

| 1. Business Org | anization: Sole Proprietor | ☐Partnership ☐ (| Corporation LLP LLC |
|-------------------|---|------------------|--|
| 2. | | | |
| Legal Entity | DBA (Doing E | Business As) | Business Phone |
| 3. Pusinoss Addr | ress (Site Address of Business) | | |
| 4. | ess (Site Address of Busiless) | | |
| | ss (if different from business address) | | |
| 5 | | | 6 |
| Opening Date | of Business at this location | | Unified Business Identifier Number (UBI) |
| 6. Are you a util | ity company? Yes No | Specify type | =/ |
| - | | | |
| 7. List names of | owners partners, or officers: (C | _ | |
| Managa | (1) | (2) | (3) |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| Home Phone: | · | | |
| | | | |
| 8. Emergency N | otification (must list two local c | ontacts): | |
| | (1) | | (2) |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| Home Phone: | | | |
| | | | |

| 9. F | Property Owner(s)/Leasing Agent (1) (2) |
|------|--|
| Na | me: |
| Ado | dress: |
| City | y/State/Aip: |
| Но | me Phone: |
| 10. | Specifically describe your business activity: |
| or | Is this business a change of ownership, location change, entity change (within the City of Kirkland), business activity change? Yes No If yes, please indicate: |
| 12. | Is there a Change of Use occuring on the property e.g. retail to restaurant? If yes, did you check with Planning Department for allowed use, signage or parking (425.587-3225) Yes No Fire and Building Department for Fire and Building Codes (425.587-3600) Yes No |
| _ | Is this business conducted in a residence? Yes No If yes, you must submit a Home Occupation Agreement in addition to this form. |
| 14. | Apartment Building / Condo Office Building Single Family / Duplex Church Hospital / Nursing Home Retail Warehouse Hotel / Motel School Other (Please Specify) |
| 15. | Number of square feet (gross) of floor space / business activity uses: |
| 16. | Number of workers at this location including owner / manager: |
| 17. | Type of Business: Business/Prof. Office Restaurant Wholesale Religious Manufacturing Retail Government Utility Medical / Dental Services Service Social/Service Org. Other(Specify) |
| | Is this a non-profit organization? Yes No res, please provide a copy of IRS 501(c)(3) Federal Tax Exemption Certificate. |
| 19. | Will any type of live music be conducted at business? |
| 20. | Will any admission fees or cover charge be charged? |
| 21. | Do you store flammable or hazardous materials? If yes, please attach a list of type and quantity. Yes No |
| 22. | Do you or will you have a security alarm(s)? |
| 23. | Has your security alarm system been registered with the City? Yes No If no, you must contact the False Alarm Managing employee at 4.25.587.3142 to obtain an Alarm Register Application. |

| 24. Will waste material (other than restrooms) be discharged into the sewer? Yes No If yes, indicate type: |
|---|
| Cooling Water Grease Wash Down or Floor Cleaning |
| Food Waste Product Waste Other (Please Specify) |
| 25. Will you have any sanitary sewer connections from your production area (other than restrooms)? |
| ☐ Yes ☐ No |
| If yes, indicate type: |
| Catch Basins Floor Drains Sinks Sumps |
| Other (Please specify) |
| 26. Are you the first tenant at this location? Yes No If no, name of previous business at this location: |
| 27. Is this business license application for a Home Daycare? Yes No If yes, please indicate the following: |
| DSHS License / Certification No.: Expiration Date: |
| Maximum Number of children authorized by DSHS: |
| Actual number of children enrolled: |
| BUSINESS OWNER MUST ENSURE COMPLIANCE WITH ALL LAWS: |
| Do not engage in business practices until you receive an approved license. When the City issues a business license, the City is not repre- |
| senting that the business is in compliance with all local, state and federal laws. |
| DECLARATION: |
| I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. |
| Applicant's Signature: Title: Date: |
| Print Name:email address: |
| Business License Application Fee Worksheet Registration |
| You may be eligible to pay a registration fee of \$50 in lieu of a business license fee under the following circumstances. Businesses without a full year history must estimate their gross receipts for the first 12 months of business. |
| 1. Are the annual gross receipts of your business less than \$12,000? Yes No \$ No \$ Yes \[\begin{align*} \text{No } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ |
| Exemptions: You may be eligible to register a business license application under this chapter and be exempt from any fees. |
| 1. Are you a qualified <i>governmental or religious organization?</i> |
| 2. Are you a <i>civic group</i> , <i>service club</i> , <i>or social organization?</i> |
| 3. Are you a <i>non-profit organization exempt from Federal Income Tax?</i> Yes No (a copy of the 501(c)(30 is required) If you answered yes to questions 1 - 3, STOP HERE. Your registration fee is \$0. Registration of business and annual updated information required. All other businesses proceed to next page. |

If you do not qualify for an exemption or registration fee, the base fee and RGRL will apply as calculated below.

Base Fee: All businesses operating in Kirkland exceeding \$12,000.00 are subject to a base fee of \$100.

Revenue Generating Regulatory License Fee Calculation = FTE x \$100.00

How many employees (or Full Time Equivalents), including officer / owner / manager, are employed at this location? If you have part-time employees, the FTE calculation worksheet as shown at the bottom of this page must be completed to substantiate your FTE calculation.

Add the RGRL amount and the base fee. This total amount is your business license tax fee.

Number of FTEs____ x \$100 = \$____ Plus: BaseFee = \$_\$100.00 Total Fee = \$____

Minimum payment \$200.00. Must claim 1 employee.

Definitions:

Qualified Nonprofit Organization - Certain organizations exempt from Federal Income Tax: An organization that files with the City a copy of its current IRS 501(c)(3) exemption certificate issued by the Internal Revenue Service.

Government Organization - A governmental entity that engages solely in the exercise of governmental functions. Activities which are not exclusively governmental, such as some of the activities of a hospital or medical clinic, are not exempt under this chapter.

Religious Organization - A nonprofit business operated exclusively for a religious purpose, upon furnishing proof of the Finance Director of its nonprofit status. For the purposes of this chapter, the activities that are not part of the core religious functions are not exempt.

Note for new Businesses - The Revenue Generating Regulatory License for a business that did not submit reports for each of the last 4 quarters to L & I shall be based on the estimated number of employees of that business. If, during the license year, the City determines that the actual number of employees is significantly different than estimated, then the amount of the Revenue Generating Regulatory License may be recalculated for the new business. If the revised Revenue Generating Regulatory License is higher, the business must pay the difference within 30 days after notification. If the Revenue Generating Regulatory License is lower, then the difference will be refunded within 30 days.

New Business Incentive

New Business in the City of Kirkland, with 10 or fewer employees, are now exempt from the per employee fee (Revenue Generating Regulatory License - RGRL) for their first year of business. They are only required to pay the basic fee and register all employees.

Full Time Equivalent Calculation Chart (estimate for new businesses)

Hours worked by persons who are defined as employees for Revenue Generating Regulatory License must be included in the calculation even if the business is not required to report to the Washington State Department of Labor and Industries (L&I) concerning such person.

| Employee hours reported during the most recent four quarters: (include full-time & part-time employees,owners, officers and partners) | | | | | | |
|---|-----------------------|--------------------------------|----------------------------|------|--------------------------|--|
| Quarter 1 + | Quarter 2 + | _Quarter 3 + | _ Quarter 4 = Divide by | 1920 | _Total for four quarters | |
| Minimum payment \$200.00. M | * A fraction of .5 or | _* over shall be rounded up | | | | |

The City reserves the right to request verification of information provided on the application form and fee worksheet.